

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ernest Russell Alban</i>		Town <i>Hampstead</i>		County <i>Barroll</i>		MARYLAND	
Died at <i>Hampstead</i>		Month <i>9</i>		Day <i>24</i>		Age <i>11</i> Years	
Date of death 190 <i>3</i>		Month <i>9</i>		Day <i>24</i>		Months <i>11</i> Days <i>23</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Beckleysville</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband				<i>152</i>			
Father's Name <i>Harvey Alban</i>				Father's Birthplace <i>Grave Run</i>			
Mother's Maiden Name <i>Etta Bollinger</i>				Mother's Birthplace <i>Beckleysville</i>			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>		How long <i>2 months</i>	
Immediate <i>Heart Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. R. H. W. D.</i>	
		Address <i>Beckleysville</i>	
Accident or Suicide?		<i>yes</i>	



Name In Full *Elizabeth Baird*
 Town *Sandytown* County *Carroll* MARYLAND
 Died at *Sandytown*
 Date 19*03* Month *9* Day *30* Y. *60* M. *3* D. *0* Native of *md* Occupation *housewife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *none*
 Husband of *John Baird*
 Wife *John Baird*
 Father's Name *Hendrick* Mother's Maiden Name *unknown*
 Cause of Death { Primary *Melancholia* Immediate *asphyxia from hanging* How long sick *15*
 Reported by *L. B. Miller*
 Address *Sandytown* *md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Barnes Julia Catherine

Town

County

Died at

Sykesville

Barrow

MARYLAND

Date ~~1903~~ 1903 9 - 15 Y. 2 M. 4 D. 25 Native of Occupation~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Frank. W. Barnes

Mother's

Name

Mary. J. Barnes

Cause of

Primary

Pseudo-Diphtheria

How long sick

3 days

Death

Immediate

Strangulation

~~Accident, Suicide, Homicide~~

Reported by

W. Frank. Lucas, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76998



Name
in
Full

Harrison. Thompson Beacham

CERTIFICATE OF DEATH

Town

County

Died at

Arundale

Carroll

MARYLAND

Date

of death 1903

Month

Sept

Day

20

Age

Years

Months

4

Days

17

Sex

male

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James W Beacham

Father's
Birthplace

Maryland

Mother's
Maiden Name

Nellie Shingluff

Mother's
Birthplace

Do

Name of person giving
Information

James W Beacham

How related
to deceased

Father

CAUSES OF DEATH

Primary

Inanition

How long

3 Month

Immediate

Bourula

How long

1/2 h

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

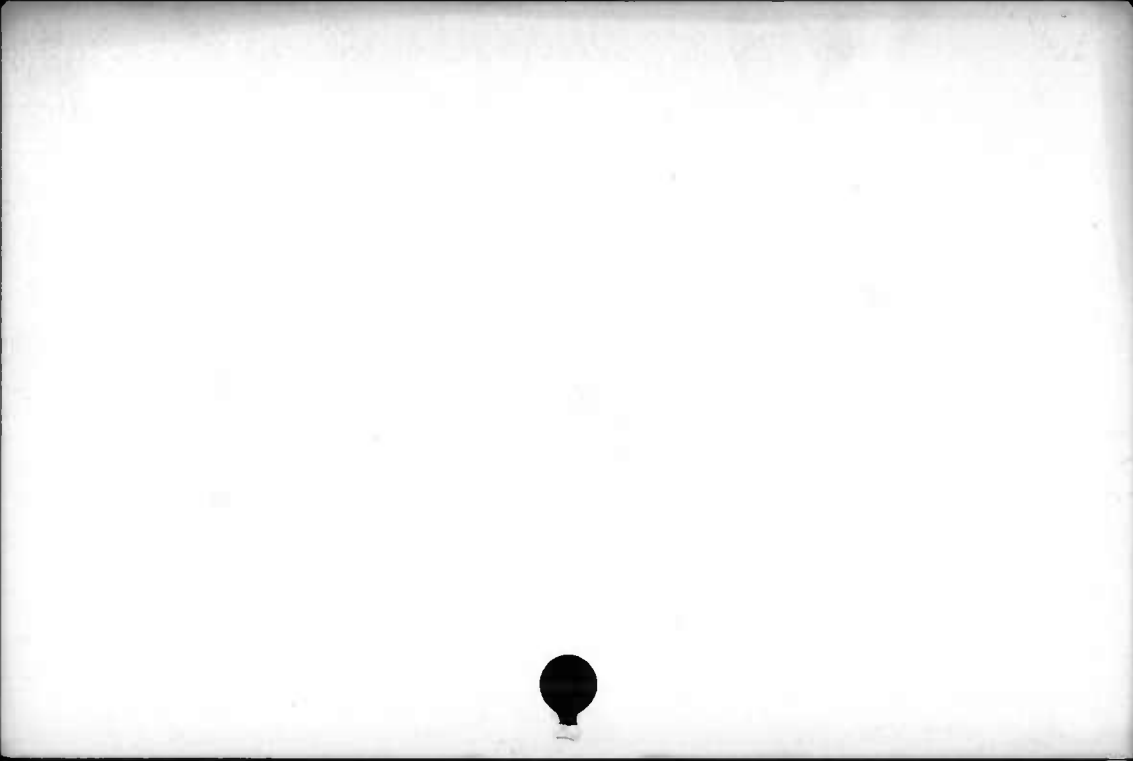
Address

Jus. D. McJ
West t. W

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

416



Name in Full

Certificate of Death

Anna Bercau.

Town

County

Died at

Harvey

Carroll

MARYLAND

Date ~~1909~~ 1908 9. 3 Y. M. D. Native of Md. Occupation Housewife
~~Male~~ White Married ~~Widow~~ Divorced
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Edw. Bercau

Father's Name John Koont Mother's Name

Cause of Primary Child Birth.

How long sick 4 days

Death Immediate Peritonitis.

Accident, Suicide, Homicide

Reported by Dr Wearn

Address Pr B J H Gardner

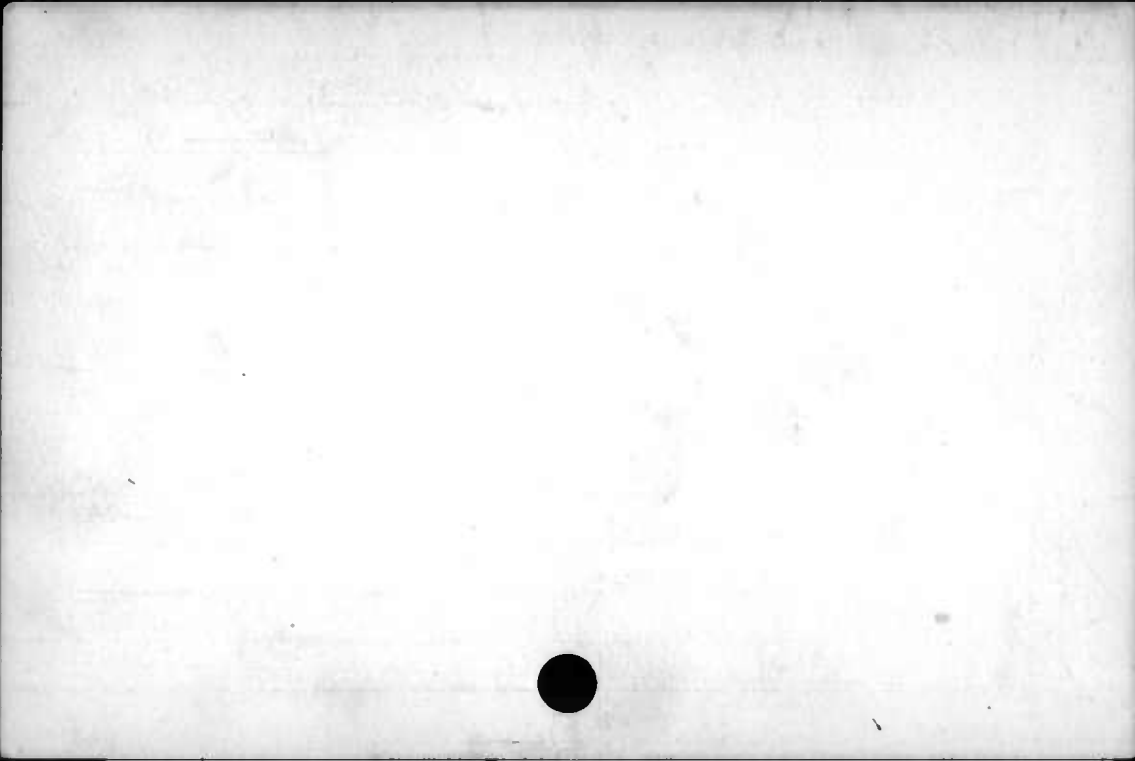
Harvey Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Oakland		Carroll		MARYLAND			
		Date of death 190		3 Sept		2		Age		6-6	
		Sex		Female		Color or Race		white		Birth-place	
		Married, Single or Widowed		Married		Occupation		House wife			
		Name of Wife or Husband		John Bowman							
		Father's Name		Kalob Hobbs						Father's Birthplace	
		Mother's Maiden Name		Martha Griffith						Mother's Birthplace	
		Name of person giving information								How related to deceased	
<div style="text-align: right;">27</div> <div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>											
PHYSICIAN OR CORONER		Primary						How long			
		Immediate				Tuberculosis		How long		3 weeks	
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician		J. T. Bolte	
						Address		Harrisonville Mo			
		Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob Brandenburg		Town Haight		County Carroll		MARYLAND	
Died at		Date of death		Age		Months	
		1903		72		8	
Month 9		Day 26		Years 72		Days 5	
Sex male		Color or Race white		Birth-place Fred. Co			
Occupation farmer				Where Residing if not at place of death Haight Md			
Married, Single or Widowed Married		Name of Wife or Husband Martha L Brandenburg					
Father's Name Mr Brandenburg, Sr.		Father's Birthplace Fred. Co					
Mother's Maiden Name Rachel Burdum S.C.		Mother's Birthplace Montgomery Co					
Name of person giving information Martha L Brandenburg		How related to deceased wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic nephritis.	How long
Immediate - Exhaustion & Toxic absorption	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Geo. E. T. Bolter
	Address Stanisville
Accident or Suicide?	No



Name
Full

MARGARET M. CAYLOR

CERTIFICATE OF DEATH

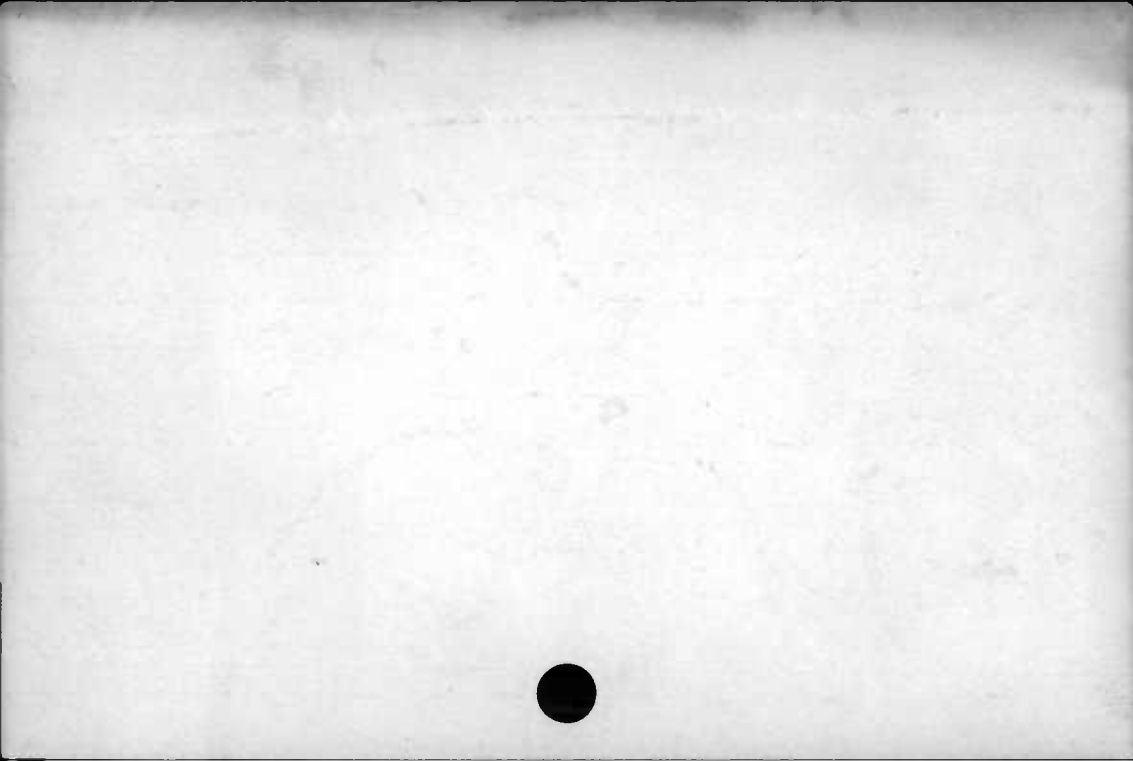
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Uniontown</i>		County <i>Cornell</i>		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>24</i>	Years <i>89</i>	Months <i>7</i>	Days <i>3</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place	
Maid <i>Single</i> Widowed		Occupation			
Name of Wife or Husband <i>Levi Caylor</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>R. W. Caylor</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart & Kidney disease</i>	How long
Immediate <i>Old age</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. E. Boyd M.D.</i>
<i>Filed 1903</i>	Address <i>Union Bridge Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mary Clorrie Buller
 Town Hampstead County Cornwall

Died at

MARYLAND

Date 1903

Month Day

9 23

Age

Y. M. D.

4 4 19

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

86

Husband of

Wife

Father's Name

Charles M. Buller
 Maiden Name

Mother's

Mattie Sheffer
 How long sick

Cause of

Primary

Cancer

Death

Immediate

Heart disease

Accident, Suicide, Homicide

Reported by

Address

Hampstead R. B. Wells M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Albia Cunningham - alias (Bridget Elback)

CERTIFICATE OF DEATH

Died at <i>Rykesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>9</i>	Day <i>19</i>	Age <i>55</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Married, Single or Widowed <i>Unknown</i>			Occupation <i>Domestic</i>		
Name of Wife or Husband <i>- Henry Elback.</i>					
Father's Name <i>George Collins</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>George Michael Elback</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M. D.</i>
	Address <i>Rykesville Carroll Co. Md.</i>
Accident or Suicide? <i>No</i>	<i>Chirnsfield State Hospital -</i>



Name
in
Full

CERTIFICATE OF DEATH

Died at

Louisa Daily

Town

Westminster

County

Carroll

MARYLAND

Date

of death 1903

Month

Sept

Day

21

Age

Years

84

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of ~~Wife or~~
Husband

Hugh Daily

Father's
Name

Least Known

Father's
BirthplaceMother's
Maiden Name

Least Known

Mother's
BirthplaceName of person giving
Information

John Daily

How related
to deceased

Son

CAUSES OF DEATH

Primary

Old Age

How long

3 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Mrs Bott

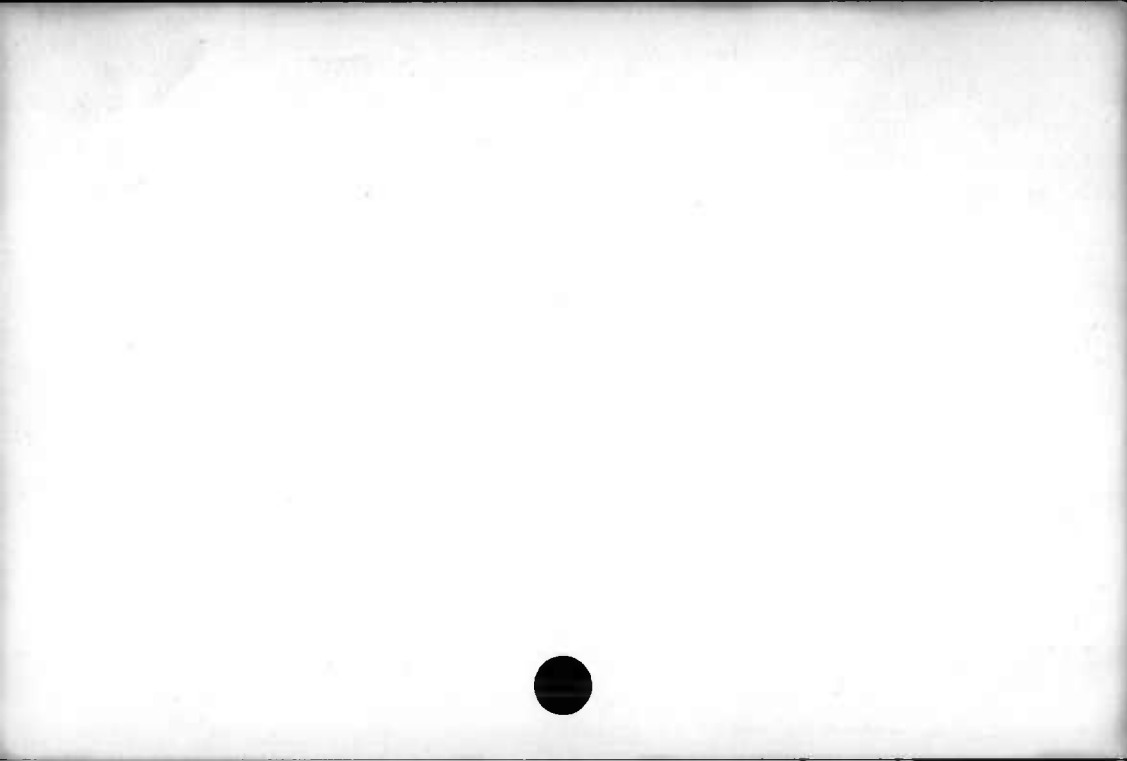
Address

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

411



Name in Full

Certificate of Death

No. 94

Annie Helila Helphry

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9

10

1

-

25

Cannock Co.

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name
in
Full

CERTIFICATE OF DEATH

Mary Loraine Devilbiss

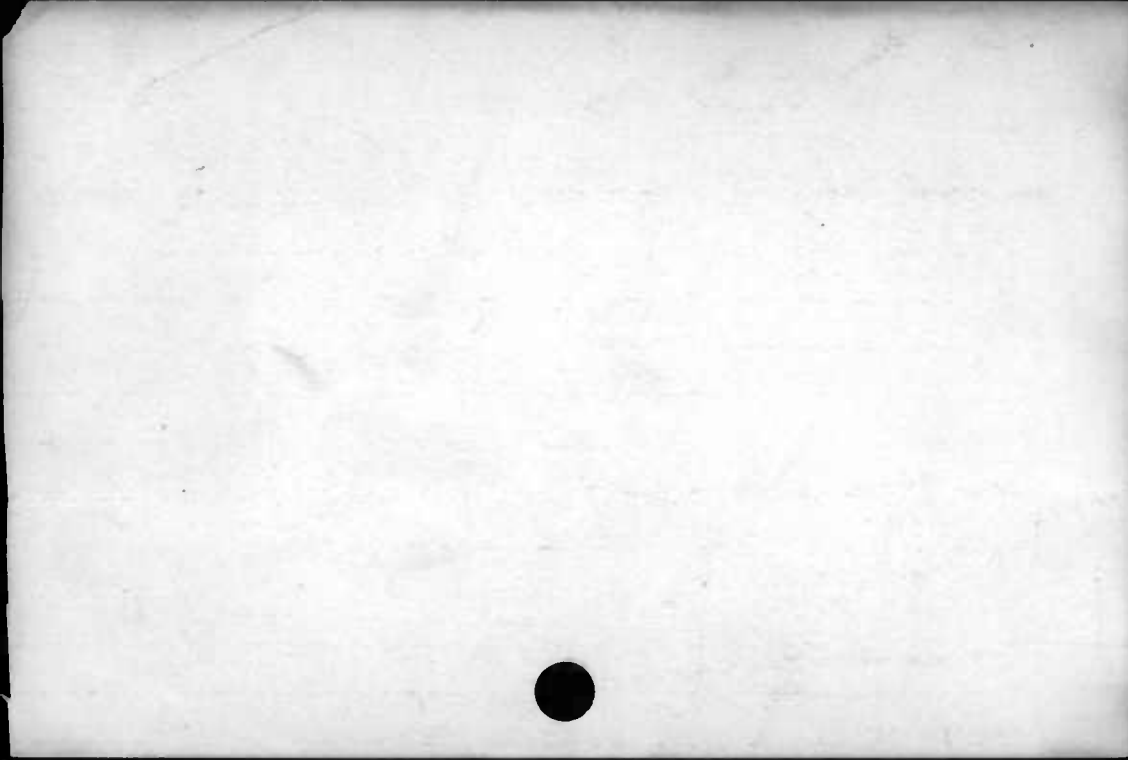
TO BE ANSWERED BY
NEAREST FRIEND

near <i>Brucerville</i> Town		<i>Carroll</i> County		MARYLAND	
Died at					
Date of death 190	3	Month	Sept.	Day	28 -
		Age		Years	—
				Months	3
				Days	7
Sex	<i>Female</i>		Color or Race	<i>white</i>	
		Birth-place		<i>Brucerville</i>	
Married, Single or Widowed		—		Occupation	
		—		—	
Name of Wife or Husband		—		—	
Father's Name		<i>Arthur Monroe Devilbiss</i>		Father's Birthplace	
		—		<i>Carroll Co.</i>	
Mother's Maiden Name		<i>Flora Alice Aring</i>		Mother's Birthplace	
		—		<i>Carroll Co.</i>	
Name of person giving information		—		How related to deceased	
		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Creanition</i>	How long	<i>2 Mors.</i>
Immediate	<i>Cholera infantum</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Chas. H. Diller</i>	
Address		<i>D.O. Queen.</i>	
Accident or Suicide?		—	
		<i>Maryland.</i>	



Cora Dorsey

Town

County

MARYLAND

Died at

Near Gamber

Carroll

Date

1903 Sept 24

Age

2 weeks Maryland

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Hesley Dorsey

Mother's

Name

Himarie Dorsey

Cause of

Primary

premature birth

How long sick

two weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Hesley Dorsey (father)

Address

Finksburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edith Enos

Town

County

Died at

Haight

Carroll

MARYLAND

Date 189	1903	Month	Sept.	Day	9	Y.	24	M.	4	D.	7	Native of	Ind	Occupation	Housewife
Male		White		Married		Widow		Divorced							
Female		Colored		Single		Widower						Number of children living		0	

Husband
of

Ralph D Enos

Father's
Name

Joseph Ritler

Mother's
Name

Mary Ritler

Cause of

Primary

Typhoid fever

How long sick

4 weeks

Death

Immediate

Spinal Meningitis

~~Accident Suicide Homicide~~

Reported by

Dr. S. N. Horsburgh

Address

Gardner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

412

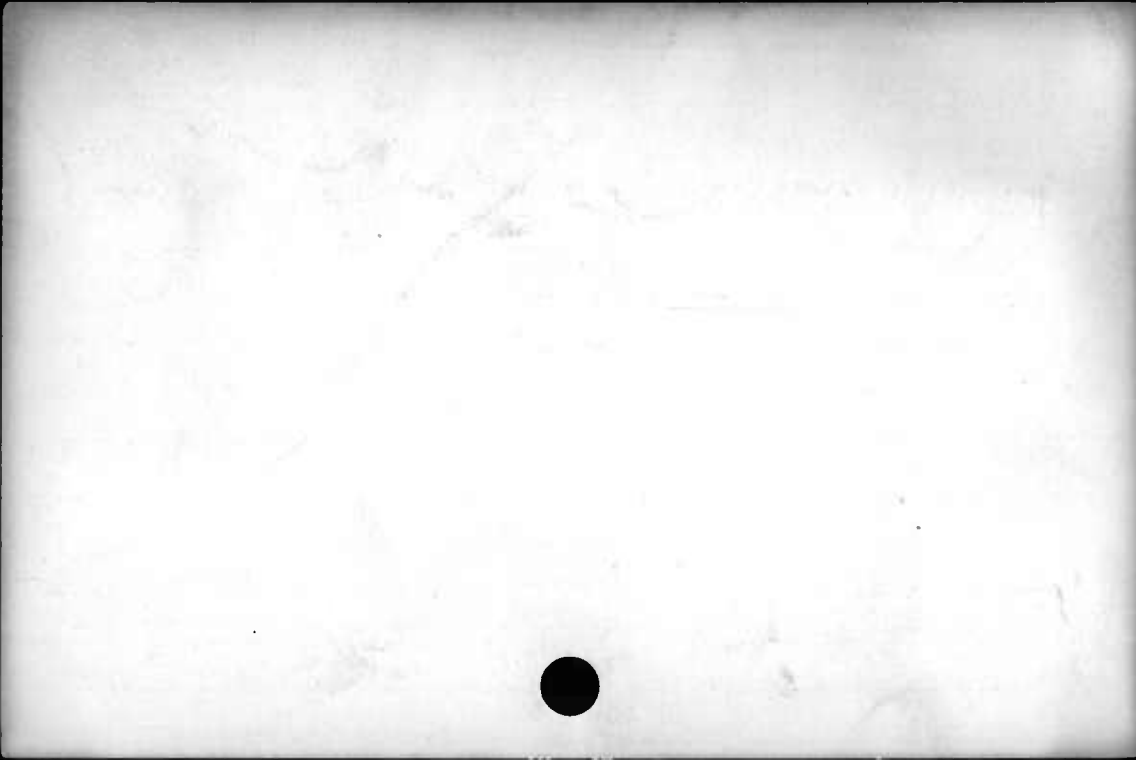
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Fleishower</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at							
Date of death	1903	Month	Sept.	Day	27	Age	42.
						Years	3
						Months	14
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Manchester</i>
Occupation	<i>Housekeeper</i>			Where Residing if not at place of death <i>Home</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>George Fleishower</i>		
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	<i>George Fleishower</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Disease</i>		How long	<i>20 years</i>
Immediate	<i>Dilatation of Heart</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>L. C. Woodward, M.D.</i>	
			Address <i>Westminster Md.</i>	
Accident or Suicide?				



Walter H Fommholt

Town

County

Died at

Silver Spring

Barnes

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Sept 2nd

Age

1

1

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Edward Fommholt

Mother's

Maiden Name

Laura E Lemmon

Cause of

Primary

How long sick

10 days

Death

Immediate

Cholera Infantis

Accident, Suicide, Homicide

Reported by

J J Stewart

Address

Primrose Hills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Arabella Grooms

Town

County

Freedom

Carroll

MARYLAND

Died at

Date

1903

Month

Sep

Day

12

Y.

M.

D.

Native of

Md

Occupation

Housekeeper

Age

Married

Widow

Divorced

Widower

Number of children living

3

Female

Colored

Single

Husband of

Wife

Father's

Name

John Grooms

Mother's

Name

Louisa Dorsey

Cause of

Primary

Organic Heart Disease

How long sick

About 2 yrs

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

C. H. McFadden

Address

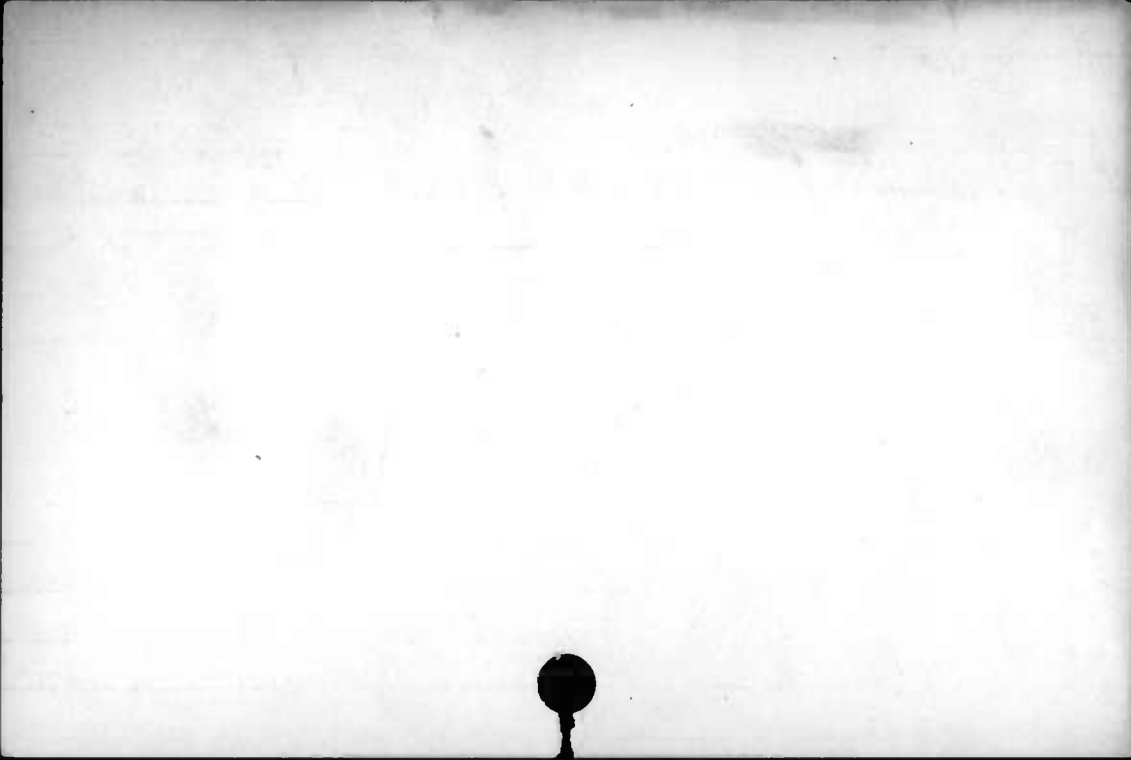
Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full		Bettie Kahn				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Years	
	1903		Sept		26		5	
	Sex		Color or Race		Birth-place			
	Female		White		Balt.?			
	Occupation		Where Residing if not at place of death					
	child		Balt.					
Married, Single or Widowed		Name of Wife or Husband						
—		—						
Father's Name		Father's Birthplace						
O. Kahn		Germany						
Mother's Maiden Name		Mother's Birthplace						
Josephine Kahn								
Name of person giving information		How related to deceased						
W. B. Platt		8333						
		CAUSES OF DEATH		1				
PHYSICIAN OR CORONER	Primary		How long					
	Typhoid Fever		27 days					
	Immediate		How long					
	Intest. Perforation.		24 hours					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
?		W. B. Platt						
		Address						
		802 Cathedral St						
Accident or Suicide?		Balt. also Mt. Airy Md.						
—								

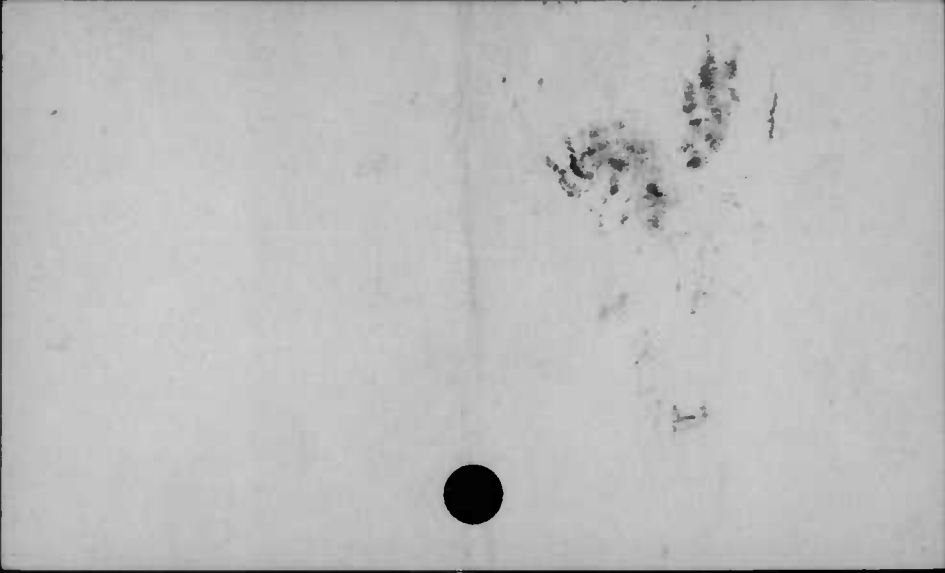


Town

County

MARYLAND

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ann Catherine Hittentruck

Town

County

Died at

Harmey

Carroll

MARYLAND

Date 1903

Month

Day

9. 28

Age

Y.

M.

D.

72, 1, 12

Native of

Md

Occupation

housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

5

Husband

of

Reuben Hittentruck

Wife

Father's

Mother's

Name

Jacob Mull

Maiden Name

79

Cause of

Primary

Arteriosclerosis

How long sick

3 yrs

Death

Immediate

Fatty Heart

Accident, Suicide, Homicide

Reported by

L. B. Smith M.D.

Address

Harmey, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name In Full

Certificate of Death

Ruth Washington Rhubottom

Town

County

Died ~~near~~ Eldersburg Carroll

MARYLAND

Date 1903 Sept. 9 Month Day Y. M. D. Age 2 27 Native of md. Occupation —
 Male — Female — Married — Single — Widowed — Number of children living —

Husband of

Wife

Father's

Name

Sam. Rhubottom

Mother's

Maiden Name

Mollie Groome

Cause of

Primary

How long sick

2 days

Death

Immediate

Infantile Convulsions

~~Accident, Suicide, Homicide~~

Reported by

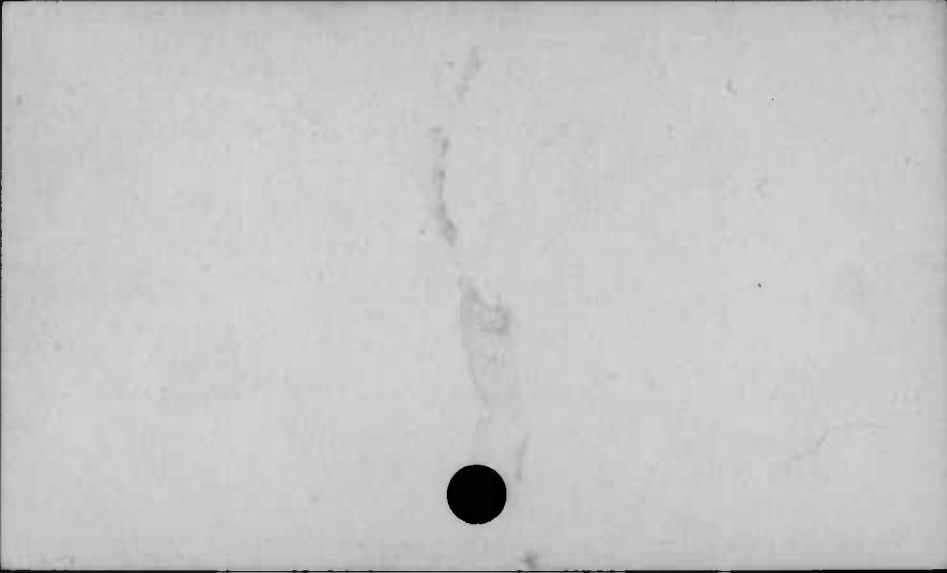
M D Morris. M D.

Address

Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Waluer M Schneider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

407

Died at *Shapley* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death 1903 *Sept* ^{Month} *9* ^{Day} Age *2* ^{Years} *—* ^{Months} *11* ^{Days}

Sex *Female* Color or Race *white* Birth-place *Maryland*

Married, Single or Widowed *Single* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Anthony A Schneider* Father's Birthplace *Maryland*

Mother's Maiden Name *Estella B Cook* Mother's Birthplace *Lev*

Name of person giving information *Anthony A Schneider* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Ileo-colic* How long *8 day*

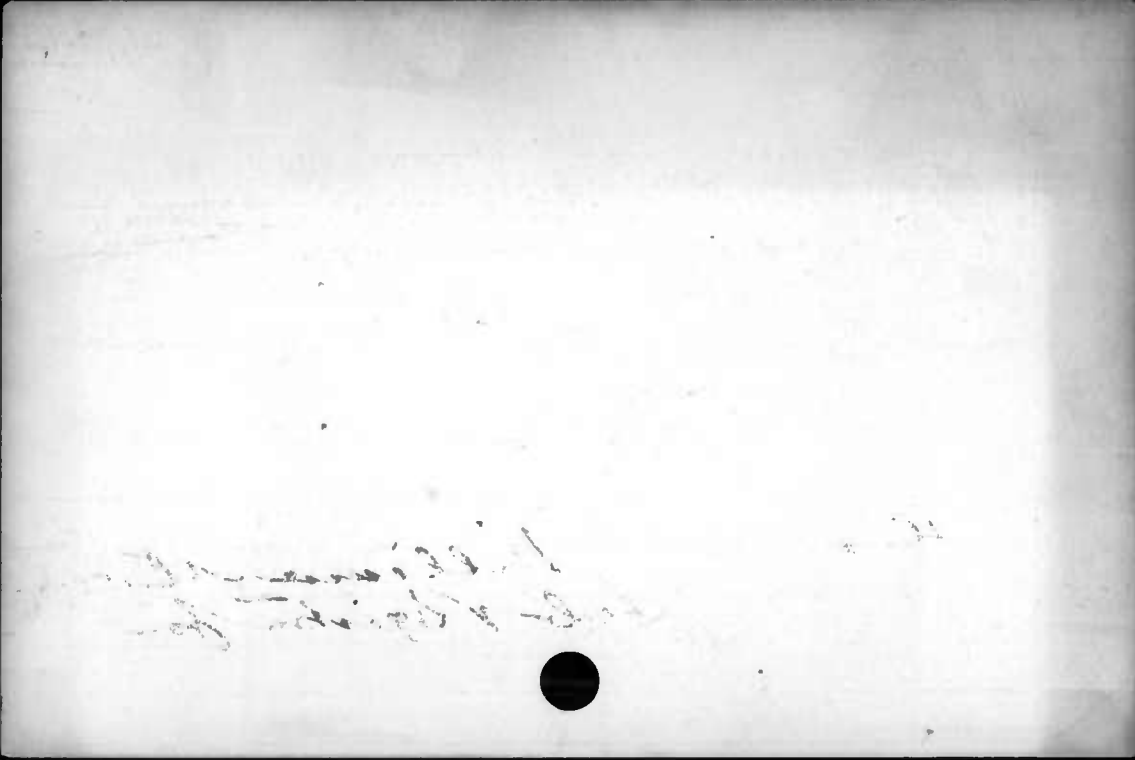
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Jos. J. Fleming*

Address *Westmont*

Accident or Suicide? *—*



Name In Full

Certificate of Death

and Twin Baby
 Mary Rosalind Schwartz

Town

County

MARYLAND

Died at

Tanytown

Carroll.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903.

Sept. 18

Age

36-8-9

Penna.

Housewife

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

1

Husband

of

Charles Benjamin Schwartz

Wife

Father's

Mother's

Name

Maiden Name

Mary Rosalind Johns

Cause of

Primary

Childbirth -

How long sick

10 hours.

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

C. E. Root M.D.

Address

Tanytown

3rd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Caroline Sell

Town

County

Died at

Harney

Carroll

MARYLAND

Date 1903

Month

Day

9 23

Age

Y

M.

D.

85

Native of

Md.

Occupation

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living None

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

General Debility

How long sick

1 day

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

C. W. Weaver

Address

Pancylow

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7000



Name in Full

Certificate of Death

Sarah

Shriver

Town

County

Keyville

Cottrell

MARYLAND

Died at

Date ~~1903~~ 1903. Month 9. Day 21. Y. 38. M. 6. D. 11. Native of Md. Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of
Wife

Leo. Shriver. W.D.

Father's
Name

Mother's
Name

Mary Ann Stoner

Cause of Death { Primary ~~Heart~~ Disease, How long sick 24 hrs.

Immediate ~~Renal~~ Convulsions. Accident, Suicide, Homicide

Reported by

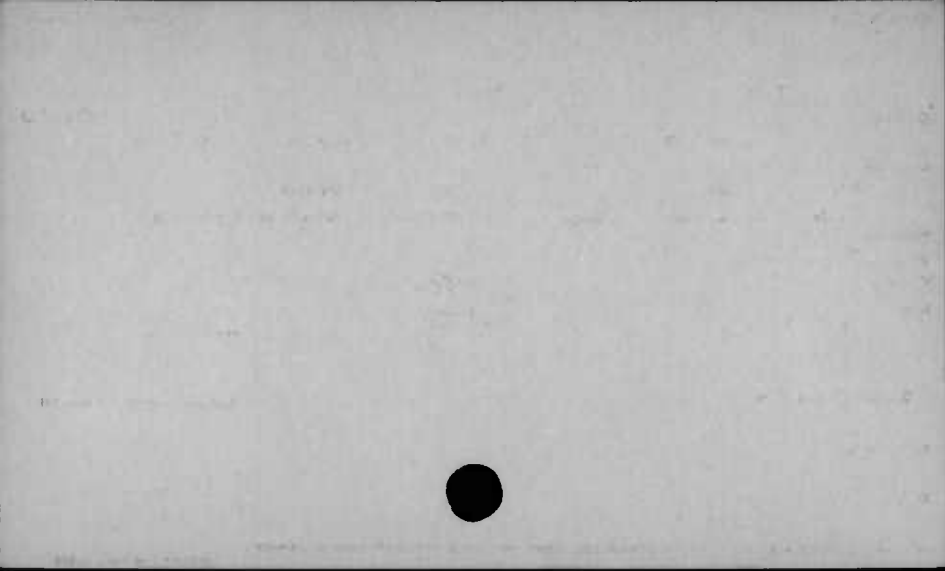
Dr. H. H. Weaver M.D.

Address

Lancaster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Catherine Shull

Town

County

Died at

Silver Run

Leonell

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 6th

Age

79

Wingland House wife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

None

Husband

of

Daniel Shull

Wife

Father's

Name

Mother's

Name

66.

Cause of

Primary

How long sick

4 Days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

J. J. Starnes

Address

Champion Mills Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

88

Clarence A. Smith

Died at ^{Town} Union Bridge ^{County} Carroll MARYLANDDate ¹⁹⁰³ 189 ^{Month} Sept. ^{Day} 14 ^{Y.} ^{M.} ^{D.} ^{Age} 1 18 ^{Native of} Md ^{Occupation}Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ Number of children living ~~71~~Husband of ~~Wife~~ ⁷¹
Father's Name Thomas H. Smith Mother's Name Emma J. SmithCause of Death { Primary Immediate } How long sick One day
Accident, Suicide, HomicideReported by H. E. Hoff M.D.
Address Union Bridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Felora Taylor
 Town *Kennille* County

Died at

Carroll

MARYLAND

Date

1909

Month

Day

Y.

M.

D.

Native of

Occupation

Sep 29

Age

*54**Md.**Day labor*~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

~~Singles~~~~Widower~~

Number of children living

three

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

14

Cause of

Primary

Dysentery

How long sick

ten days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

A. T. P. ...

Address

Taylorsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Oliver, Taylor

Town

County

Harrison

Cecil

MARYLAND

Died at

Date 1893

Month

Day

Y.

M.

D.

Native of

Occupation

Sep 29

Age 24

Md

day labor

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's

Mother's

Name

Name

14

Cause of Primary

Dysentery

How long sick

three weeks

Death Immediate

Heart failure

Accident, Suicide, Homicide

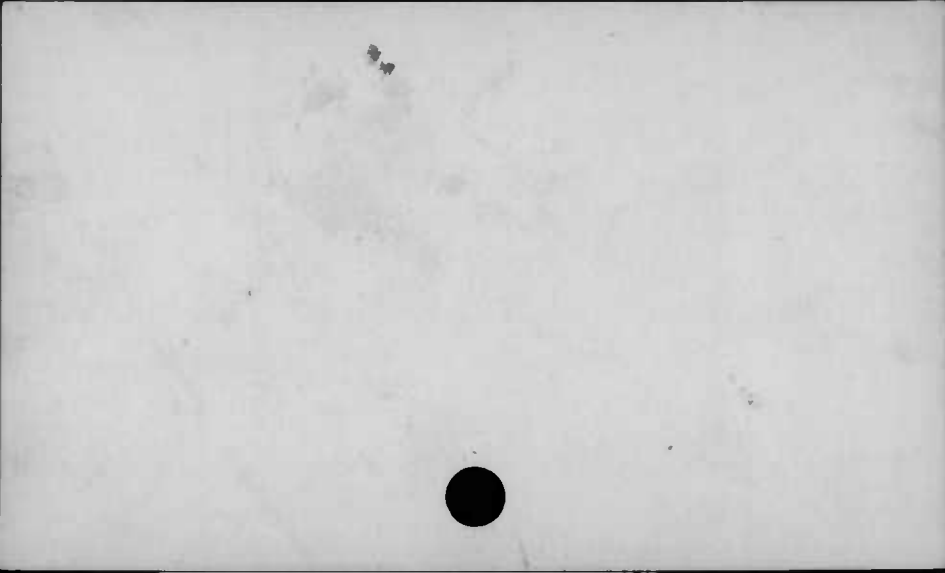
Reported by

A. T. Penick

Address

Taylorsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hightower Thomas

Town

County

Gaither

Barroll

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9 - 14

Age

60

-

-

Va

Laborer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband
of

Hightower 64.

Father's
Name

Unknown

Mother's
Name

Unknown

Cause of

Primary

Arterial Sclerosis

How long sick

—

Death

Immediate

Cerebral Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

W. Frank Lucas MD

Address

Sykesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

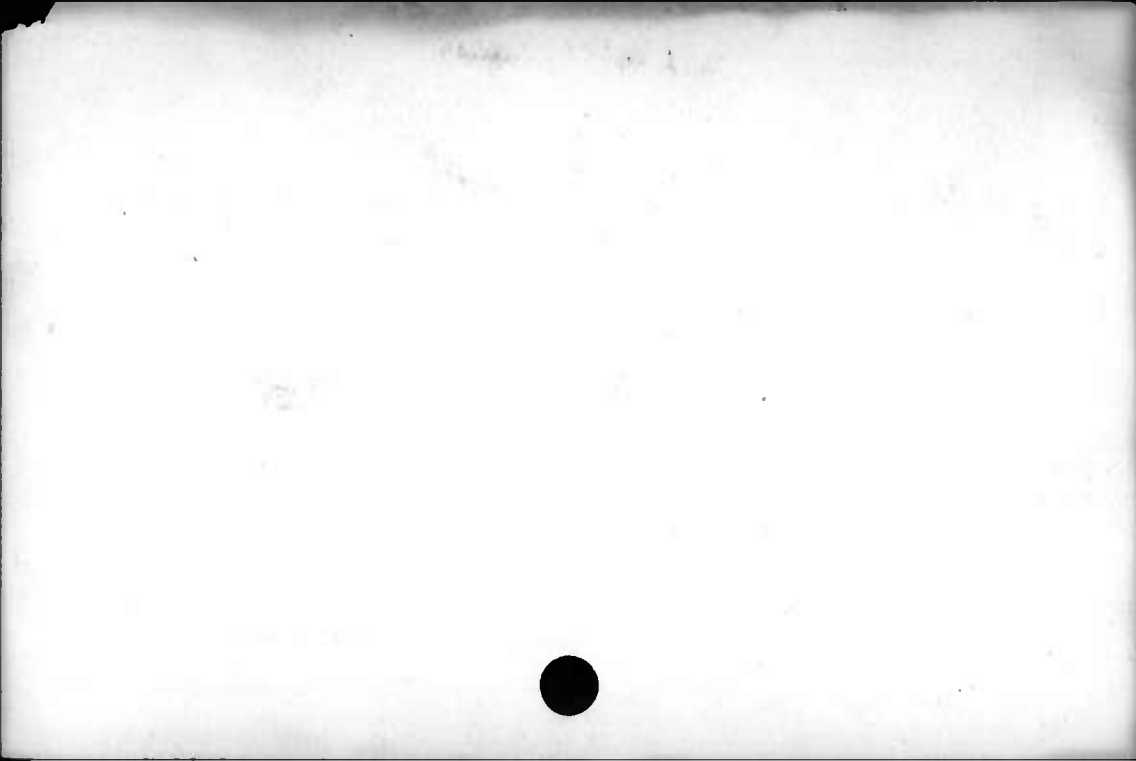
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Edgar Allan Ingle</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State MARYLAND	
Died at <i>Westminster</i>		Month <i>Sept</i>		Day <i>16</i>		Age Years _____ Months _____ Days <i>11</i>	
Date of death <i>1903</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation _____				Where Residing If not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>William Ingle</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Mellie Simonson</i>				Mother's Birthplace _____			
Name of person giving Information <i>William Ingle</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth -</i>		How long _____	
Immediate <i>" "</i>		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>L. Woodward</i>	
		Address <i>Westminster Md.</i>	
Accident or Suicide? _____			



Name
in
Full

409

Mary Walker

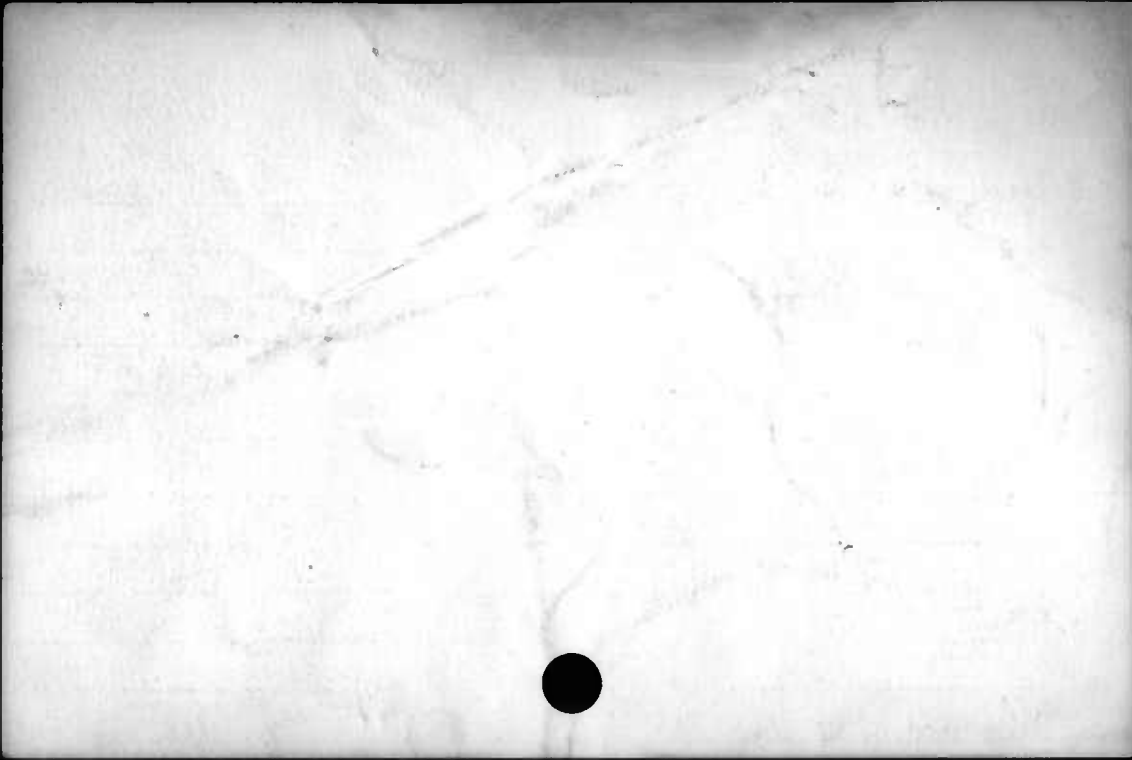
CERTIFICATE OF DEATH

Died at <i>Westminster</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	1903	Month	Sept.	Day	17
Age		Years	71	Months	
Sex	Female		Color or Race	Colored	
Birth-place	Westminster				
Occupation	Housekeeper		Where Residing if not at place of death		
Home					
Married, Single or Widowed	Married		Name of Wife or Husband		
Perry G. Walker					
Father's Name	John B. Snowden		Father's Birthplace		
Virginia					
Mother's Maiden Name			Mother's Birthplace		
..					
Name of person giving Information	Perry G. Walker		How related to deceased		
Husband					

CAUSES OF DEATH

Primary	<i>Cardiac Dilatation, Nephritis</i>		How long	<i>5 or 6 mos.</i>
Immediate	<i>Exhaustion</i>		How long	<i>6 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>Chas. R. Foutz</i>	
		Address	<i>Westminster Md.</i>	
Accident or Suicide?				

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Harriet Withings Wells

Town

County

Died at

Hampstead

Carroll

MARYLAND

Date 189

1903

Month

Sept

Day

25

Y.

Age

47

M.

9

D.

Native of

Carroll Co

Occupation

Public Teacher

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

5

Husband

of

Thomas W. Wells

Wife

Father's

Name

Dr. W. D. Garrison

Mother's

Name

Charles A. Garrison

Cause of

Primary

Heart & Lung trouble

How long sick

12 months

Death

Immediate

Cold

Accident, Suicide, Homicide

Reported by

R. L. Wells M. D.

Address

Hampstead

Dunbar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mollie A. Wolf

CERTIFICATE OF DEATH

Died at Uniontown Carroll County

MARYLAND

Date of death: 1903 Sept 14 Age 55 Months 2 Days 24

Sex Female Color or Race white Birth-place Md

Married, Single or Widowed Married Occupation Housewife

Name of Wife or Husband John Wolf.

Father's Name Jos. J. Corbin

Father's Birthplace Md

Mother's Maiden Name M. A. Fisher

Mother's Birthplace Md.

Name of person giving information Bessie K. Wolf

How related to deceased Daughter

CAUSES OF DEATH

Primary Consumption

How long 1 Year

Immediate Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Jacob Pinchard
Address Trizillburg Md.

Accident or Suicide?

